

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2021 - 55 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Lynette Jones

Telephone: 843-536-7196

Address: 1001 W Evans Street

Fax: 843-472-5206

Suite 102

Other:

Florence, SC 29501

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☒ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

RECEIVED
FEB 17 2021
PSCSC
Clerks Office

- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other:

[Handwritten signature]

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - STRETCHER VAN

Date: 02/09/2021

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Advantage Care of the Pee Dee LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1001 W Evans Street, Suite 102

Street Address of Applicant

Florence, SC 102

Mailing Address of Applicant (if different from street address)

843-536-7196

Phone

843-472-5206

Fax

advantagecarepd@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Thomas P. Morman 3158 Woodside Drive Effingham NC 29541

Darrick Campbell 237 Laurel Lane Lot 2 Florence SC 29506

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	40,000.00	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	24,000.00	Loans Owed on Motor Vehicles	0
Cash on Hand	2,500.00	Business/Other Loans Owed	0
Cash in Bank	12,000.00	Other Liabilities or Debts	0
Value of Other Assets and Equipment	10,000.00	Total Liabilities	0
Total Assets	88,500.00		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICEProposed Rates and Charges:

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you **will** be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT

INSURANCE QUOTE

This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Advantage Care of the Pee Dee

Name of Applicant

1001 W Evans Street, Suite 102 Florence sc 29501

Address of Applicant

Amount of Premium:

Liability Insurance \$ 3,334.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

Bershire Hathaway Homestate Insurance Company

Name of Insurance Company

1314 Douglas St Omaha, NE 68102

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Advantage CAre of the Pee Dee

Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes

 ☒ No

 ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory

 ☐ Conditional

 ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes

 ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes

 ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

 ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

 ☐ No

Exhibit on Driver and Assistant Driver Qualifications

1. Applicant has read and understands Commission Regulation 103-133(8).

☒ Yes ☐ No

2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.

☒ Yes ☐ No

3. Applicant has obtained and retained the criminal history background checks from the state where the driver and assistant driver live.

☒ Yes ☐ No

4. Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.

☒ Yes ☐ No

5. Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes ☐ No

6. Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.

☒ Yes ☐ No

7. Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.

☒ Yes ☐ No

8. Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Lynette Jones

Applicant's Signature

Administrator

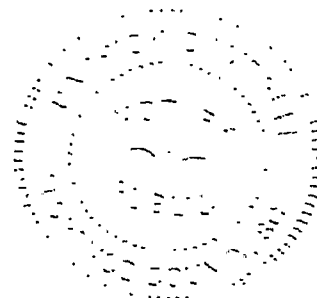
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF FLORENCE)

SWORN TO BEFORE ME
This 15 day of February, 2021

Dan Campbell
Notary Public

Commission Expires 02/12/2023



Print Application

The State of South Carolina

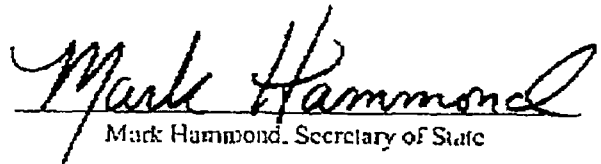
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Advantage Care of Pee Dee LLC, a limited liability company duly organized under the laws of the State of South Carolina on November 2nd, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 4th day
of November, 2020.


Mark Hammond, Secretary of State

p.12

p.11

Dec 03 20, 09:21p

03/23 09p.m 12-03-2020 12

Feb 15 21, 05:48p

11:48 00 a m 02-15-2021 11

ADVANTAGE CARE of the PEE DEE

1001 W EVANS ST. STE 102 FLORENCE SC 29501

OFFICE: 843-536-7196

Greetings and Happy New Year!

Advantage Care of the Pee Dee would like to thank you for allowing us to be of service to you as your transportation provider for all your medical appointments. We are delighted to serve you and look forward to a long lasting working relationship with you.

Please consider these rates (for the Elderly):

Ambulatory	Hartsville to Hartsville	\$15 RT
	Darlington to Hartsville	\$25-\$27 (RT)
	Bishopville to Hartsville	\$25-\$27 (RT)
	Darlington to Society Hill	\$25-\$27 (RT)
	Bishopville to Society Hill	\$42 (RT)
	Florence to Hartsville	\$48 (RT)
Wheelchair	Add \$2.50	
Soon to Come	Stretcher Van	\$200 (RT)
	Ambulance	\$125 (1-way)

You would email trips to advantagecarepd@gmail.com

Once confirmed payments will be made directly to Advantage Care of the Pee Dee by electronic means or checks may be mailed directly to our office.

These are our daily rates for cash clients. If you have patients that are currently with Medicaid/Medicare please let us know.

Thank you,

Advantage Care of the Pee Dee

Account Summary For Advantage Care of Pee Dee LLC

BHHC
Quick

Quote #: 11323465

Status: Approved

Policy Type: AP

Originally Quoted: 1/19/2021 1:03 AM EST
Quote Printed: 2/03/2021 12:19 PM EST
Proposed Effective: 1/22/2021 1:00 AM EST
Proposed Expiration: 1/22/2022 1:00 AM EST

Commission: 12.50

Quoted By: Sydney Schrad
Berkshire Hathaway Homestate
1314 Douglas St
Omaha, NE 68102SSchrad@bhhc.com
Producer: Carolina Insurance Group of SC
141 Charter Oak Rd
Lexington, SC 29072
Phone - (803) 951-3351

DOT #: Unknown

MC #: Unknown

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	10,119
7	UM - BIPD	1,000,000 CSL	1,343
7	UIM - BIPD	1,000,000 CSL	1,991
7	Medical Payments	N/A	N/A
7	Physical Damage	See Specific Unit	N/A
Total			\$13,453.00

Revision: 2SC2020R02

Vehicle Information

BHHC-Rate Version: 8.7.4611.1

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	At/Lessor	Unit Sub Total
1 2008 FORD (39467) Radius: Up to 50 Miles	5,296	702	1,041	N/A	N/A	N/A	N/A	7,039
2 1995 FORD (14397) Radius: Up to 50 Miles	4,823	641	950	N/A	N/A	N/A	N/A	6,414



Advantage Care of Pee Dee LLC

M-5638 (01/2019)

Quote #: 11323465

Berkshire Hathaway Homestate Insurance Company

II. OFFER OF ADDITIONAL UNINSURED MOTORIST COVERAGE

\$25,000 / \$50,000 / \$25,000 minimum limits of Uninsured Motorist Coverage are automatically provided by your Policy.

<u>Additional Limits of Coverage</u>	<u>Premium Cost</u>
\$30,000/\$60,000/\$25,000	\$ 331
\$50,000/\$100,000/\$25,000	\$ 405
\$50,000/\$100,000/\$50,000	\$ 413
Your Policy's Liability Coverage Limits:	
\$1,000,000	\$ 1,343

☐ I reject additional Uninsured Motorist Coverage

☒ I select additional Uninsured Motorist Coverage at the following limits: \$1,000,000 CSL

III. OFFER OF OPTIONAL UNDERINSURED MOTORIST COVERAGE

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000/\$50,000/\$25,000	\$ 459
\$30,000/\$60,000/\$25,000	\$ 492
\$50,000/\$100,000/\$25,000	\$ 601
\$50,000/\$100,000/\$50,000	\$ 612
Your Policy's Liability Coverage Limits:	
\$1,000,000	\$ 1,991

☐ I reject optional Underinsured Motorist Coverage

☒ I select optional Underinsured Motorist Coverage at the following limits \$1,000,000 CSL

IV. APPLICANT'S ACKNOWLEDGEMENT

By my signature, I acknowledge that I have read -- or I have had read to me -- the above explanations and offers of additional uninsured motorist coverage and underinsured motorist coverage. I have indicated whether or not I wish to purchase each coverage in the spaces provided. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's laws.

Thomas P. Morman

Type or Print Your Name: _____

Your Signature: Thomas P. MormanToday's Date: 02/03/2021Your Address: 1001 West Evans St. Suite 102
Florence, SC 29501

M-5638 (01/2019)

Page 3 of 3

Feb 14 21, 06:46p

NEW

RENEWAL NUMBER

CROSS REFERENCE NUMBER

02 APM 025083 - 01

BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY

1314 Douglas Street, Suite 1300
Omaha, NE 68102
1-800-356-6750

☐ The Declarations
include a second part
designated "Part 2".

BUSINESS AUTO COVERAGE DECLARATIONS

ITEM ONE NAMED INSURED & ADDRESS

OOB ENTERPRISES, LLC
3523 HIGHWAY 45
PINEVILLE, SC 29468

Producer

Thomas Wood Insurance Agency, LLC
105 Dovershire Ct
Cary, NC 27513

FORM OF NAMED INSURED'S BUSINESS: LLC

NAMED INSURED'S BUSINESS: LIMOUSINE/LUXURY TRANSPORTATION

POLICY PERIOD: Policy covers FROM

02/02/2021 4:18 PM

TO

02/02/2022

12:01 A.M. Standard Time at the Named
Insured's Address stated above.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$ 500,000 CSL	\$ 2,504
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ Deductible	\$
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS	7	\$ 75,000 CSL (BI & PD)	\$ 169
UNDERINSURED MOTORISTS (when not included in Uninsured Motorists coverage)	7	\$ 75,000 CSL (BI & PD)	\$ 252
PHYSICAL DAMAGE INSURANCE			
COMPREHENSIVE COVERAGE	7	\$ See M 3912b (08/2001)	\$ INCL
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION COVERAGE	7	\$ See M 3912b (08/2001)	\$ 710
TOWING AND LABOR		\$ Deductible FOR EACH COVERED AUTO	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION See M4572 (12/1994)			PREMIUM FOR ENDORSEMENTS \$
			ESTIMATED TOTAL PREMIUM \$ 3,635
ENTER SYMBOL 10 DESCRIPTION HERE:			
POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$ 0 IF CANCELLED BY THE INSURED.			
ITEM THREE - SCHEDULE OF COVERED AUTOS		AS ATTACHED	

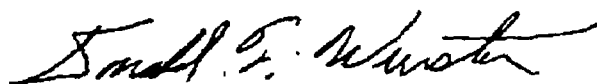
Countersigned At _____ By _____

In Witness whereof, we have caused this policy to be executed and attested.

AUTHORIZED SIGNATURE



Secretary



President

Feb 14 21, 06:46p

Berkshire Hathaway Homestate Insurance Company

A STOCK COMPANY

COMMERCIAL POLICY

Report ALL Accidents To:**1-800-356-5750**

24 Hour

Toll Free

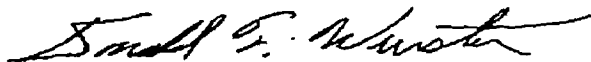
IMPORTANT NOTICE**TO AUTOMOBILE POLICYHOLDERS**

If any new or replacement drivers are hired during the term of this policy, notify the company immediately. Failure to do so may result in termination of your policy.

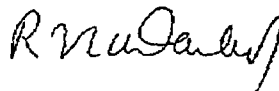
THESE POLICY PROVISIONS WITH THE DECLARATIONS PAGE, COVERAGE FORM AND ENDORSEMENTS, IF ANY, COMPLETE THIS POLICY. THIS POLICY IS A LEGAL CONTRACT BETWEEN THE POLICY OWNER AND THE COMPANY.

READ YOUR POLICY CAREFULLY

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative



President
Berkshire Hathaway Homestate Insurance Company
Brookwood Insurance Company
Continental Divide Insurance Company
Redwood Fire and Casualty Insurance Company



President
Cypress Insurance Company
Oak River Insurance Company

Secretary

